REALITY ORIENTATION MODEL FOR MENTAL DISORDER PATIENTS WHO EXPERIENCE AUDITORY HALLUCINATIONS

Orientasi Realita pada Pasien Gangguan Jiwa yang Mengalami Hallusinasi Dengar

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ABSTRAK

Pendahuluan: Jumlah penderita penyakit mental meningkat setiap tahunnya.Penelitian ini bertujuan untuk mengembangkan model terapi orientasi realita pada pasien skizoprenia yang mengalami halusinasi dengar. Manfaat praktis dari penelitian ini adalah meningkatkan kemandirian pasien dalam mengendalikan halusinasi. **Metode:** Desain penelitian ini adalah *sequential exploratory research* yaitu mengkombinasikan kualitatif dan kuantitatif untuk mengevaluasi model terapi kognitif orientasi realita. Responden yang dilibatkan dalam penelitian ini adalah pasien schizophrenia yang mengalami halusinasi dengar dan resisten terhapap antipsikotik. Responden yang memenuhi kriteria berjumlah 10 pasien ditetapkan sebagai target populasi dalam uji coba prosedur terapi. Lima orang perawat yang mempunyai pengalaman merawat pasien di rumah sakit jiwa ditetapkan sebagai *expert* dalam ujicoba instrument ini. Pada tahap awal dilakukan identifikasi isi halusinasinya dengan menggunakan "*Beliefs about Voices Questionnaire (BaVQ)"* melalui wawancara, kemudian hasil wawancara dianalisis menggunakan analisis kualitatif yaitu *thematic analysis*. **Hasil:** Nilai kecemasan pasien adalah t 1,078 dengan P value 0,309 yang bisa disimpulkan bahwa tidak ada perbedaan kecemasan pasien antara sebelum dan sesudah diberikan terapi kognitif orientasi realita. **Diskusi:** Perbaikan model sampai validasi akhir berhasil dilakukan dan lebih terelaborasi untuk diaplikasikan pada pasien yang negatif mengalami halusinasi dengar.

Kata kunci: Terapi kognitif, orientasi realita, Halusinasi dengar

ABSTRACT

Introduction: *The number of patients with mental illness is increasing every year. The research aim was to develop a model of reality orientation therapy in patients with schizophrenia who had auditory hallucinations.* ***Methods:*** *This design of the study was a sequential exploratory research study which combined qualitative and quantitative approaches. The respondents involved in this study were patients with schizophrenia who experienced auditory hallucinations. Ten respondents who met the criteria were used as the population target in the therapeutic procedure trial. Five nurses who had experience treating patients in a mental hospital were established as experts in the trial instrument development. Initially, the content of the hallucinations were identified using "Beliefs about the Voices Questionnaire (BaVQ)" through interviews. These answers were then analyzed using thematic analysis.* ***Results:*** *The level of the patient's anxiety was statistically significant at 1.078 (P 0.309). It can be concluded that there was no difference between the patient's anxiety before and after cognitive therapy focused on reality orientation.* ***Discussion:*** *The model should be more elaborate when applied to patients who experience negative auditory hallucinations.*

Keywords: *Cognitive therapy, reality orientation, auditory hallucination*

INTRODUCTION

The number of patients with mental illness is increasing every year. Based on the survey conducted in 2007, the total number of people with mental illness in Indonesia has reached more than 28 million. In 2013, the estimated mental disorders in Indonesia total more than 57,000 living in rural areas (Diatri and Maramis, 2014). Indonesia is a developing country that has not been able to reduce the

incidence rate of mental illness. In addition, many patients who have been cured relapse and then need to be re-hospitalized.

There are many reasons why the patients need to be re-admitted to the psychiatric hospitals. Faozi (2011) found that the patients still show minor signs and symptoms during recovery. In developed countries, the patients are re-admitted back in order to stabilize their mental state (Romanskyet et al. 2013). The research conducted by Wahyuni, Yuliet & Elita (2012) concluded that there were no differences in the cure rate between the intervention groups and the control group. This shows that the model of the old nursing care therapy is still less than successfully applied.

One of the important initiatives that can support the successful implementation of nursing care to control hallucinations is by testing an effective and efficient nursing therapy based on the patient's unique problems. Videbeck (2010) states that mental health nurses in hospitals should develop their nursing care according to the environmental condition of the patient, including their assessment in addition to planning, action and the evaluation of the success of the nursing itself. One of the activities is to provide the intervention to control auditory hallucinations in patients and to evaluate its success.

The patients who underwent inpatient care got the intervention on how to control the auditory hallucinations using the standard operational procedures. It can be concluded that there is still a misperception of the standards among the nurses in psychiatric hospitals on the implementation of nursing care for patients who hear voices. Furthermore, this is due to the lack of simple guidelines for auditory hallucinations that can be applied through nursing interventions.

There is a reason why there needs to be a new and simple procedure and an evaluation of the results. This is as well as focusing on the patient’s recovery. The current procedure involves complex nursing care that can only be understood by professional nurses, so there are misperceptions by non-professional nurses when they are applying the nursing actions. These misapplied actions can be very dangerous for the patients. The case study previously conducted reported that many professional students observed an increased severity in the patients with auditory hallucinations after getting therapy to control their hallucinations; thus, it was unsuccessful. Yuniartika (2010) describes that the patients were given a way of controlling the auditory hallucinations through turning a deaf ear, which had the consequence of the patients increasingly hearing the sounds and the voices growing louder, as perceived by the patient.

Similar research on cognitive behavioral therapy involved reassuring the patient that there were no voices, and then helping them to develop the skills needed to build a relationship with others. The study was carried out by an individual therapist (Morrison, 2001; Penn, 2009). This study involved the development of cognitive behavioral therapy, focused on the orientation of reality. This cognitive behavioral therapy can be continued by the patient independently. The therapist and patient make an agreement on the new beliefs of the patient that will be later made into a card of therapy that will be applied by the patients independently.

In addition to the advantages from the patient's perspective, the advantages can be highlighted from the nursing perspective as well. The procedures applied in this study are simple, and easily understood by nurses in a psychiatric hospital, including non-professionals and professionals. Guidelines on the form of this procedure are very important because many non-professional nurses that work in psychiatric hospitals need simple guidelines to develop their knowledge gradually according to their background. This allows them to be able to evaluate the patient's recovery.

Based on the issues above, it is important that the nurse modifies the nursing care provided, which is the application of cognitive therapy reality orientation for patients with auditory hallucinations. To prove the effectiveness and efficiency of the implementation, its significance needs to be analyzed. This research can be used as a consideration to replace the old procedure.

The purpose of this study was to identify the details of the reality orientation model for mental disorder patients who experience auditory hallucinations.

METHODS

This study utilized a mixed method approach with a sequential exploratory design to analyze the cognitive orientation reality

procedure. The results compared the patients' anxiety as the procedure target. Qualitative analysis was used to find a theme, to test the content's validity and to enhance the model therapeutic procedures in patients with hallucinations. The quantitative analysis was used to measure the anxiety of patients before and after giving them the reality orientation therapy.

The respondents recruited for this study were patients who were hospitalized in a psychiatric hospital in Surakarta numbering 10 people. The characteristics of the respondents were that they were schizophrenia patients experiencing auditory hallucinations at least once a week, who were aged 25-50 years old and who were able to communicate and were literate. The sampling technique was purposive, which took all of the patients who met the criteria in the inpatient care.

This study used three instruments. First, the instrument was BAVQ-R from Chadwick and Birchwood (2000). Second, was the anxiety and depression instrument (HAD) that was the Hospital Anxiety, and depression questionnaire from Zigmond and Snaith, 1983). The third instrument was an instrument designed by the researcher. The instrument was in the form of therapeutic procedures for the patients with auditory hallucinations. The instrument has modified from a psychiatric nursing theory about therapeutic communication techniques for orienting the reality of NANDA (1990). Data collection techniques were conducted with interviews and observations.

In the first stage of data analysis, we used thematic analysis. In this study, the data was collected from the interviews and the researcher then transcribed the records into a narrative. After that, the narrative data was read in order to build the meaning of the data. In the second stage was the content validity test. The test of the content's validity procedure was applied in order to enhance the cognitive therapy reality orientation. The researcher measured the procedure and then analyzed the meaning and relationship of the words and concepts. After that, the researcher made conclusions about the message in the text.

In this study, the content validity test was carried out in several stages. First, the researcher tried out the instrument that had been conceptualized based on the themes found by the patients and the literature review. The test was applied by five nurses with different educational backgrounds; professional nurses, graduate nurses and a senior diplomat. Second, the test results were analyzed for the advantages, disadvantages, and possibilities for improvement. In the third phase, after the instrument was repaired, it was then applied again (initial validation). Some notes about the obstacles and disadvantages were discussed through a peer group in a focus group discussion. This stage was the verification. The fourth stage was the final validation, which was the re-application of the instrument that had been repaired.

The last stage was the dependent analysis test. An analysis of the dependent test results was conducted to measure the level of the patients' anxiety before and after the cognitive reality orientation. The five nurses who applied the procedure performed the measurements using the instrumental HAD for anxiety. The procedure was applied for one month, and once a week the patient trained using the cognitive therapy reality orientation. After that, the patients' anxiety was repeatedly measured using the same instrument.

RESULTS

The Patients' Beliefs of Voices

The identification of the themes was based on the quotes stated by the patients in the interviews. The theme below was identified from five of the respondents. The patient statements have presented in the table above, and were obtained through the data reduction. The five patients have been described in Table 1.

Table 1 illustrates that the first respondent (P1) was male, that he was 35 years old, and that he suffered from auditory hallucinations, He believed that the voices insulted him. The second respondent (P2) was male, 38 years old and experienced commanding hallucinations. The third respondent (P3) was female, 41-years old, and suffered from auditory hallucinations. She believed that the voices were insulting her. The fourth (P4) respondent was male, 43 years old, and he believed that his hallucinations were insulting him. The last was respondent five (P5), he was a man of 28 years of age, who had the belief that the hallucinations were derogatory and tried to govern him.

Table 1 - Quotes, Keywords, and Themes

Participant	Quotes	Keyword	Theme
P1 (M, 35)	The voice of my mother in law said that I was not able to do anything, and I was stupid. I was fired. I really the poor people. I was getting angry when I heard the voices.	• stupid • unable • poor	Hallucinations insulting the patient
P2 (M, 38)	The voices said that he insulted you, and so I hit them. I follow the voices automatically.	• insult • hit • command	Hallucinations commanding the patient
P3 (F, 41)	It is voices telling me that my husband having affair, and that he went to another girl. I am getting old. I am not beautiful anymore. I was angry and want to hit my husband with the beam.	• stupid • angry • hit	Hallucinations insulting the patient
P4 (M, 43)	…many voices. A friend of mine at junior high school said that I was stupid. Nobody is willing to be my girlfriend. The voices also said that I was bad and that I had black skin.	• stupid • bad	Hallucinations insulting the patient
P5 (M, 28)	There was a man's voice that said that people pass in front of me and insult me. The voice said that someone tells me that I am stupid, and bad. Later, the voice commanded me to hit them.	• stupid • bad • command	Hallucinations commanding the patient

P = Patient, M=Male, F=Female

Table 2 The Results of the Analysis of Patient Anxiety Before and After Cognitive Therapy of Reality Orientation

	Paired Differences							
				95% CI				
Before - After	Mean	Std. Deviation	Std. Error Mean	Lower	Upper	t	df	Sig. (2-tailed)
	0.80000	2.34758	0.74237	-0.87935	2.47935	1.078	9	0.309

Instrument Improvement Process

The cognitive therapy of reality orientation procedure was piloted by five nurses in several rooms where there were cases of auditory hallucinations. At the trial stage in which the procedure was applied, the team found there to be several obstacles such as a lack of operational language. This included the content of the hallucinations, their perceptions, orientation and insights. The words were replaced by the voice heard by the patients, the patient's beliefs, and the abilities of the patient. The initial validation was then conducted. Some findings after the initial validation included the ability of the nurses to apply the therapeutic communication techniques. At the stage of verification, examples of therapeutic communication were added that should be applied by nurses at every stage in the procedure of the therapy.

Lastly, was the final validation. In this stage, the applied procedures had already been done using the operational language. Examples of the therapeutic communication without changing the content and purpose of the reality orientation therapy were included.

The Level of the Patients' Anxiety

Before the cognitive therapy of reality orientation was applied, the nurse measured the level of the patients' anxiety. The anxiety levels were measured before the treatment began and lasted a month after therapy. The results of the analysis have been described in Table 2.

Table 2 shows that the t-test on the difference in anxiety levels before and after the intervention was 1.078. This score indicates a significance value of 0.309, which is a value greater than 0.05. The hypothesis thus fails to be rejected and it can be concluded that, based on the statistical analysis, there is no difference between the patient's anxiety levels before and after the application of reality orientation therapy.

DISCUSSION

The Content of the Hallucinations

In general, the auditory hallucinations that the patients heard were negative words. According to several studies in which the patients generally experienced auditory hallucinations, the most common was hearing voices saying negative content (Waters, 2010). Having feelings or beliefs about the negative voices is called a negative insight. Insight is the awareness of the mental patients concerning their experience of different realities (Stuart, 2013).

The hallucinations experienced by the patients was the voice of a person who they had known, like his/her mother, his/her schoolmates, or a neighbor. For example, P9 (Respondent 9) often broke his neighbor's window, according to the patient, because he heard his neighbor insult him. This was followed by another voice that told him to hit the window glass. Waters (2010), in his study, found that many of the patients heard two different kinds of voices; the two different sounds were not the same as the patient's own voice.

The patients also had command hallucinations. Some of the types of hallucinations heard by the patient proceeded to govern their negative behavior. For example, the voice instructed them to hit someone passing in front of them. In this case, this was experienced by P5. He heard a different voice; a voice that sounded derogatory and another voice that ordered him around. Research conducted by Cole et al (2002) found that 12.6% of 190 patients experiencing auditory hallucinations heard two different voices. One of the voices was often a command type.

The theme that emerged was a combination of insulting and commanding hallucinations. This theme was deduced from some of the patient statements and categorized keywords. Some of the keywords that lead to the theme of the hallucinations insulting the patient included "ugly", "stupid" and "poor". According to Chadwick (2006), this type of hallucination is called a malevolent hallucination. These types of hallucination feature something that penalizes, mistreats, insults, endangers and destroys the patient.

Another theme is the "hallucinations command the patient". In this study, the voice commands tended to injure the patient and the environment. The keywords had the tendency to become hallucinations commanding the patient by stating things like "box him", "break the window" and "hit him". Chadwick (2006) categorizes this type of hallucination as omnipotent hallucination. This type of hallucination have the characteristic of forcing the patient to do something. This cannot be controlled by the patient, as if the patient rejects the orders, then the voices threaten the patient.

The Application of Reality Orientation Therapy

Based on the content of the patient's hallucinations, the researchers designed appropriate therapeutic procedures. This procedure was applied to 10 patients who experienced auditory hallucinations with negative voices. Several important events are worth noting in the process of the validation test, including the response of the nurse as an applicator and the response of the patients as the subjects who were given the treatment. Sproule (2009) states that the content validity of the procedure is a test of the validity of the questions in order to validate the structure. This is where each item needs a response from

a select number of individuals to revise it. According to Fitzpatrick and Wallace (2012), the content validity test was not only conducted by a panel of experts to refine it, but it was also tested on the target population as a test instrument.

Several conditions must be fulfilled in the process of the content validity test. The nurses who applied the model of reality orientation therapy should have a background education as a psychiatric nurse, and the skills and experience to take care of mentally ill patients in a psychiatric hospital. Some of the obstacles encountered in the application process were the differences in all three of the components above. There were various points where the researcher needed to get a response from the nurses.

The nurses must have expertise related to the application of the procedure in the form of therapeutic communication techniques and establishing a nurse-client relationship with the mentally ill patients. During the validation process, the nurses' communication methods and skill were different from one another, especially concerning therapeutic communication techniques. This makes the report on the nurses' response requiring interpretation by the researcher as an expert on the concept of psychiatric nursing science. Based on the interpretation, the next step was to continue to do the interpretation using focus group discussions.

In this study, the experts were limited, and so we relied on clinical experience. The verification processes were completed with each of the discussion groups. Each applicant contributed their opinion. All of the experts used active communication. Some expert commentaries included: “Sometimes the patients argued for therapy” and “the patient decided to stop when the therapy was ongoing “. The two examples given cannot be solved by an expert, but the experts decided that if such events occurred during therapy, then they stopped and waited for the patient to be in a stable condition. Brink & Wood (2001) argued that the content validity process for evaluating items and reaching an agreement to achieve saturation should be conducted by several experts.

The Patients’ Anxiety Level

The patient’s level of anxiety before and after the intervention was severe. It can be concluded that the HAD questionnaire showed there to be an abnormal level of anxiety both before and after the cognitive therapy reality orientation. This is probably due to the process of the therapy focusing on the procedure, and not on the patients as the subject of the therapy. The therapist solely concentrates on improving the validity of the procedure.

The patient's condition when the cognitive therapy intervention reality orientation was performed could be described as follows: the patients sometimes are angry, feel tired, want to stop, and have no concentration. This means that the cognitive therapy should be repeated starting from the earliest stages. Townsend (2014) explained that the patient's anxiety happened as an emotional response when the patient felt fear. This was followed by signs and symptoms such as tension, fear, anxiety, and vigilance. Videbeck (2010) explained that anxiety is a response to internal or external stimuli that involves cognition, which appears in the form of physical and behavioral symptoms.

There is an interesting point concerning the patient's anxiety level. The average of the patient anxiety level after the intervention had a higher scores than before applying the reality orientation therapy. This illustrates that the target population of the content validity is not the main goal, so that the nurses need to be more articulate on the procedure. However, this does not mean that the level of anxiety is not important. Various factors affect why the patient's anxiety level did not abate when the cognitive therapy was given. If the main goal of this research was to reduce the patient's anxiety, then the patient's condition should have been controlled such as their contact with the environment, visitors, other patients and other nurses, because it is a confounding factor that makes the therapy experiment biased.

Creswell (2009) says that if we want to do a research experiment, some main components must be considered to reduce any bias, such as randomness and the presence of a control group. The treatment group should be completely protected from the influence of confounding variables. Furthermore, Johnson and Christensen (2010) argued that to obtain valid results in experimental studies, the researcher must consider potentially confounding variables that will make the bias

the dependent variable, therefore meaning that any confounding variables must be controlled.

CONCLUSION

This research was very complicated because the target population used as a development model consisted of mentally ill patients with an unstable condition. Nevertheless, the reality orientation models of cognitive therapy for schizophrenic patients with auditory hallucinations was successfully carried out until the final validation. The important weakness that should be noted derived from the expert factors. This includes the abilities of the psychiatric nurse and the target population, which was the patients who are mentally ill.

RECOMMENDATIONS

This process of the study was ran until it had accomplished the repair model in the final validation. The model was more elaborate than needed to be applied to patients who experience negative voice in their hallucinations. However, the instruments still need to be repaired and re-repaired, considering that each individual is unique. The response to the illness is special, particularly in the mentally ill patients.

This study can be repeated given the content validity. The repeated test should be made more appropriate with by preparing adequate expert opinions and controlling the target population. This can be used as a discourse prompt to develop cognitive therapy.

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